

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017311

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC 6406 195

SL 13179

318

Primary Registration District No.

1003

Registrar's No.

4562

STATE FILE NUMBER

Registration District No.

FILED MAY 2 1963

DO NOT WRITE
ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Graves	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Length of stay in 1b 64 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle H. Last ADKINS		4. DATE OF DEATH Month April Day 24 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Fireman		10b. KIND OF BUSINESS OR INDUSTRY Star Lime Works, Ky.	
11. BIRTHPLACE (City and state or country) Star Lime Works, Ky.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Adkins		13b. MOTHER'S MAIDEN NAME Minnie Steward	
14. NAME OF HUSBAND OR WIFE Agnes Adkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2	
16. SOCIAL SECURITY NO.		17. INFORMANT Agnes Adkins (Wife), Same add. as 2.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC UNDIFFERENTIATED CANCER OF UNKNOWN PRIMARY SITE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1992 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) TRANSITIONAL CELL CANCER OF BLADDER		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VAH, ST. LOUIS, MO.	
21. Attended the deceased from 2/19/63 to 4/24/63 and last saw him alive on 4/24/63 Death occurred at 4:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 4/24/63	
22a. SIGNATURE SAUL KLEIN (Degree or title) M. D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-26-63	23c. NAME OF CEMETERY OR CREMATORY Fulton, Ky.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Hornbeak Funeral Home, Fulton, Kentucky		25. DATE RECD. BY LOCAL REG. APR 25 1963	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			



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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley H. Aixon
Licensed Embalmer No. *4193*

P. O. Address

H. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.